

TREATMENTS



Operation name: _____

Date	Flock/House/ Bird ID	If you treated the flock/bird(s):					If sickness/injury was observed:		
		Substance given	Method of administration	Duration of administration	Withdraw time	Employee giving treatment	Type of sickness/injury <i>(e.g., lameness, parasites)</i>	Outcome <i>(if the birds die or are euthanized, this should also be recorded in your daily mortality records)</i>	Date of outcome

*This template was created by Global Animal Partnership to provide a free resource for operation seeking G.A.P. certification.
If you want to use this template in other ways, please contact G.A.P. at standards@globalanimalpartnership.org.*